

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2006**Open to Public  
Inspection**A** For the 2006 calendar year, or tax year beginning

and ending

**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization

GEORGE C MARSHALL RESEARCH FOUNDATION

Number and street (or P O box if mail is not delivered to street address)

PO BOX 1600

Room/suite

City or town, state or country, and ZIP + 4

LEXINGTON, VA 24450

**D** Employer identification number

54-6052427

**E** Telephone number

540.463.7103

**F** Accounting method ☐ Cash ☒ Accrual  
☐ Other (specify) ▶

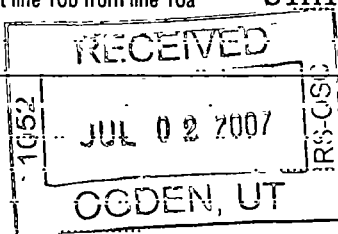
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Website: ▶ WWW.MARSHALLFOUNDATION.ORG**J** Organization type (check only one) ▶ ☒ 501(c) ( 3 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ N/A**H(c)** Are all affiliates included? N/A ☐ Yes ☐ No  
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ N/A**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶

2,441,745.

**M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received			
	<b>a</b>	Contributions to donor advised funds	<b>1a</b>		
	<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	1,105,567.	
	<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>		
	<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>	301,574.	
	<b>e</b>	Total (add lines 1a through 1d) (cash \$ 1,407,141. noncash \$ )	<b>1e</b>	1,407,141.	
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	734,482.	
	<b>3</b>	Membership dues and assessments	<b>3</b>		
	<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	12,267.	
	<b>5</b>	Dividends and interest from securities	<b>5</b>	120,308.	
	<b>6 a</b>	Gross rents SEE STATEMENT 2	<b>6a</b>	21,539.	
	<b>b</b>	Less rental expenses	<b>6b</b>		
	<b>c</b>	Net rental income or (loss) Subtract line 6b from line 6a	<b>6c</b>	21,539.	
	<b>7</b>	Other investment income (describe ▶ SEE STATEMENT 1 )	<b>7</b>	117,606.	
	<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>		
	<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>	4,521.	
	<b>d</b>	Net gain or (loss) Combine line 8c, columns (A) and (B) STMT 3	<b>8c</b>	<4,521.>	
	<b>8d</b>			<4,521.>	
	<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
	<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>		
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events Subtract line 9b from line 9a	<b>9c</b>			
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	27,672.		
<b>b</b>	Less cost of goods sold	<b>10b</b>	16,284.		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a STMT 4	<b>10c</b>	11,388.		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	730.		
<b>12</b>	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	2,420,940.		
Expenses	<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	1,824,072.	
	<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	282,318.	
	<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	431,420.	
	<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b>	Total expenses Add lines 16 and 44, column (A)	<b>17</b>	2,537,810.	
	<b>18</b>	Excess or (deficit) for the year Subtract line 17 from line 12	<b>18</b>	<116,870.>	
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	9,637,512.	
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	<b>20</b>	982,739.	
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	10,503,381.	

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

11470620 726045 GLH65264

2006.05070 GEORGE C MARSHALL RESEARCH GLH65261

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> - noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>42,560</u> - noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	42,560.	42,560.	STATEMENT 8	STATEMENT 9
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 7	266,489.	55,046.	113,247.	98,196.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	792,210.	518,120.	85,515.	188,575.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	50,248.	32,863.	5,424.	11,961.
<b>28</b> Employee benefits not included on lines 25a - 27	96,184.	62,906.	10,383.	22,895.
<b>29</b> Payroll taxes	71,858.	46,996.	7,757.	17,105.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies				
<b>34</b> Telephone				
<b>35</b> Postage and shipping				
<b>36</b> Occupancy	222,495.	184,253.	28,930.	9,312.
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications				
<b>39</b> Travel	429,886.	394,235.	11,730.	23,921.
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	72,485.	63,168.	5,728.	3,589.
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 6	493,395.	423,925.	13,604.	55,866.
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,537,810.	1,824,072.	282,318.	431,420.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 10		<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts; but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
<b>a RESEARCH AND SCHOLARSHIP ACTIVITIES</b>		
(Grants and allocations \$ 42,560. ) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>		502,440.
<b>b PUBLICATIONS AND LIBRARY ARCHIVES</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		418,459.
<b>c MUSEUM -OPERATION IN LEXINGTON, VIRGINIA THAT DEALS WITH WORLD WAR II, MILITARY HISTORY, AND THE REBUILDING OF EUROPE UNDER THE MARSHALL PLAN. INCLUDES DISPLAY OF THE NOBEL PRIZE, FLAGS, MAPS, JEEP AND OTHER PERIOD ITEMS.</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		167,082.
<b>d EDUCATION &amp; LEADERSHIP PROGRAMS INCLUDES 20TH CENTURY ROLE MODELS, BARUCH FELLOWSHIPS, JROTC, AND ROTC COLLEGIATE PROGRAMS.</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		736,091.
<b>e Other program services (attach schedule)</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►		1,824,072.

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**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	100.	200.
	46 Savings and temporary cash investments	666,139.	514,298.
	47 a Accounts receivable	29,820.	
	b Less: allowance for doubtful accounts		29,820.
	48 a Pledges receivable	663,555.	
	b Less: allowance for doubtful accounts		663,555.
	49 Grants receivable	9,130.	84,130.
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	54,515.	52,191.
	53 Prepaid expenses and deferred charges	29,703.	67,178.
	54 a Investments - publicly-traded securities <b>STMT 12</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	0.	351,639.
	b Investments - other securities <b>STMT 14</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	8,263,510.	8,487,567.
55 a Investments - land, buildings, and equipment: basis <b>STMT 11</b>			
b Less: accumulated depreciation			
56 Investments - other	0.	0.	
57 a Land, buildings, and equipment: basis	2,076,275.		
b Less: accumulated depreciation	1,302,684.	773,591.	
58 Other assets, including program-related investments (describe ► )			
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	10,355,796.	11,024,169.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	463,471.	411,247.
	61 Grants payable		
	62 Deferred revenue		84,000.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe ► SEE STATEMENT 13 )	254,813.	25,541.
	66 <b>Total liabilities.</b> Add lines 60 through 65	718,284.	520,788.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	4,624,798.	5,184,590.
	68 Temporarily restricted	1,414,743.	1,537,722.
	69 Permanently restricted	3,597,971.	3,781,069.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	9,637,512.	10,503,381.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	10,355,796.	11,024,169.

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**Part VI Other Information** (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>NONE</u>		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	20
91 a	The books are in care of <u>CRISSY ELLIOT</u> Telephone no <u>(800) 444-1839</u> Located at <u>P.O. BOX 1600, LEXINGTON, VA</u> ZIP + 4 <u>24450</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

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**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a MUSEUM ADMISSIONS			06	24,537.	
b LIBRARY & ARCHIVE					
c SERVICES			06	10,390.	
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies			06	699,555.	
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	12,267.	
96 Dividends and interest from securities			14	120,308.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	21,539.	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	117,606.	
100 Gain or (loss) from sales of assets other than inventory			01	<4,521.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			12	11,388.	
103 Other revenue:					
a OTHER REVENUE			01	730.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,013,799.	0.
105 Total (add line 104, columns (B), (D), and (E))					1,013,799.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

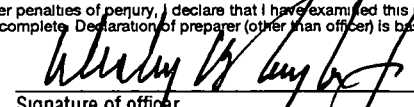
Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

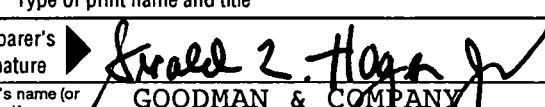
Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here:  Date: 6/26/07

Signature of officer: WESLEY B. TAYLOR, JR. President & CEO

Type or print name and title

Paid Preparer's Use Only: Preparer's signature:  Date: 6/20/07 Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X):

Firm's name (or yours if self-employed), address, and ZIP + 4: GOODMAN & COMPANY  
4510 COX ROAD, SUITE 200  
GLEN ALLEN, VA 23060-3394

EIN: Phone no: (804) 282-7636

Form 990 (2006)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information-(See separate instructions.)**▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

**2006**

Name of the organization

GEORGE C MARSHALL RESEARCH FOUNDATION

Employer identification number

54 6052427

**Part I****Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 2 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BRIAN SHAW 1 QUAIL COVEY ROAD, LEXINGTON, VA 244	EXEC. VP 40.00	119,254.	5,175.	3,938.
ROBERT JAMES 8 GREY DOVE ROAD, LEXINGTON, VA 24450	VICE PRESIDENT 40.00	94,554.	2,643.	0.
LARRY BLAND 502 PICKETT STREET, LEXINGTON, VA 244	SR. DIRECTOR 40.00	77,681.	6,180.	0.
Total number of other employees paid over \$50,000 ▶		0		

**Part II-A****Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		0

**Part II-B****Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None." See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NATURAL BRIDGE OF VIRGINIA	HOTEL AND FOOD SERVICES/CATERING	121,890.
VMI	GAS & ELECTRIC UTILITIES	73,107.
Total number of other contractors receiving over \$50,000 for other services ▶		0

**Part III** **Statements About Activities** (See page 2 of the instructions)**Yes No**

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )

**1** **X**

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

**a** Sale, exchange, or leasing of property?

**2a** **X**

**b** Lending of money or other extension of credit?

**2b** **X**

**c** Furnishing of goods, services, or facilities?

**2c** **X**

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

**2d** **X**

**e** Transfer of any part of its income or assets?

**2e** **X**

- 3 a** Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )

**SEE STATEMENT 16****3a** **X**

**b** Did the organization have a section 403(b) annuity plan for its employees?

**3b** **X**

**c** Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

**3c** **X**

**d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

**3d** **X**

- 4 a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

**4a** **X**

**b** Did the organization make any taxable distributions under section 4966?

**4b** **X**

**c** Did the organization make a distribution to a donor, donor advisor, or related person?

**4c** **X**

**d** Enter the total number of donor advised funds owned at the end of the tax year

**0**

**e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

**0.**

**f** Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

**0.**

**g** Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

**0.**

Schedule A (Form 990 or 990-EZ) 2006

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> <b>▶</b>					

- 14** ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,680,076.	1,416,213.	2,172,095.	1,379,506.	6,647,890.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	493,011.	248,571.	244,366.	288,535.	1,274,483.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	384,188.	114,524.	263,228.	273,985.	1,035,925.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	29,583.	48,576.	SEE STATEMENT 17 3,266.	19,341.	100,766.
<b>23</b> Total of lines 15 through 22	2,586,858.	1,827,884.	2,682,955.	1,961,367.	9,059,064.
<b>24</b> Line 23 minus line 17	2,093,847.	1,579,313.	2,438,589.	1,672,832.	7,784,581.
<b>25</b> Enter 1% of line 23	25,869.	18,279.	26,830.	19,614.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					26a 155,692.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 366,308.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 7,784,581.
d Add: Amounts from column (e) for lines 18 1,035,925. 19 22 100,766. 26b 366,308.					26d 1,502,999.
e Public support (line 26c minus line 26d total)					26e 6,281,582.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 80.6926%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) N/A (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 9 of the instructions )

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement )		
<hr/>		
<hr/>		
<hr/>		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/>		
<hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/>		
<hr/>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990 or 990-EZ) 2006

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions )

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☒ **a** ☐ if the organization belongs to an affiliated groupCheck ☐ **b** ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -	The lobbying nontaxable amount is -	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		0.



FORM 990	OTHER INVESTMENT INCOME	STATEMENT	1
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DESCRIPTION	AMOUNT
CHANGE IN SPLIT INTEREST AGREEMENT	117,606.
TOTAL TO FORM 990, PART I, LINE 7	117,606.

FORM 990	RENTAL INCOME	STATEMENT	2
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
	1	21,539.
TOTAL TO FORM 990, PART I, LINE 6A		21,539.

FORM 990                      GAIN (LOSS) FROM SALE OF OTHER ASSETS                      STATEMENT      3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DISPOSAL OF ASSETS	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	4,521.	0.	0.	<4,521.>
TO FM 990, PART I, LN 8		4,521.	0.	0.	<4,521.>

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT 4
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INCOME

1. GROSS RECEIPTS . . . . .	27,672	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		27,672
4. COST OF GOODS SOLD (LINE 13) . . . . .	16,284	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		11,388

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .		
7. MERCHANDISE PURCHASED . . . . .	16,284	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		16,284
12. INVENTORY AT END OF YEAR . . . . .		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		16,284

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
NET REALIZED AND UNREALIZED GAINS	982,739.
OTHER CHANGES IN NET ASSTS/FUND BAL	0.
TOTAL TO FORM 990, PART I, LINE 20	982,739.

FORM 990	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PRINTING, POSTAGE, SUPPLIES, BOOKS USED AND SOLD	121,981.	96,806.	6,096.	19,079.
CONSULTANTS, PROFESSIONAL FEES, MEETINGS AND	316,285.	307,755.	4,976.	3,554.
PROGRAMS AND MEETINGS	55,129.	19,364.	2,532.	33,233.
TOTAL TO FM 990, LN 43	493,395.	423,925.	13,604.	55,866.

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25A

STATEMENT 7

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
WESLEY B. TAYLOR, JR.	192,541.	7,500.	21,761.	221,802.
A. PROGRAM SERVICES	17,329.	7,500.		24,829.
B. MANAGEMENT AND GENERAL	77,016.			77,016.
C. FUNDRAISING	98,196.			98,196.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
NATALIE GARVIS	61,408.	5,040.		66,448.
A. PROGRAM SERVICES	25,177.	5,040.		30,217.
B. MANAGEMENT AND GENERAL	36,231.			36,231.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				55,046.
TOTAL MANAGEMENT AND GENERAL				113,247.
TOTAL FUNDRAISING				98,196.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				266,489.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	8
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SCHOLARSHIPS & AWARDS UNIV OF COLORADO AT COLORADO SPRINGS  COLORADO SPRINGS, CO	9,360.
SCHOLARSHIPS & AWARDS NATIONAL HISTORY DAY, INC.  COLLEGE PARK, MD	1,500.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	10,860.

FORM 990

CASH GRANTS AND ALLOCATIONS  
TO INDIVIDUALS

STATEMENT 9

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIPS & AWARDS HEATHER L. DICHTER  TORONTO, ONTARIO, CANADA	NONE	1,550.
SCHOLARSHIPS & AWARDS EDWARD ANTHONY GUTIERREZ  COLUMBUS, OH	NONE	3,000.
SCHOLARSHIPS & AWARDS JOHN BRANDEN LITTLE  ALBANY, CA	NONE	3,000.
SCHOLARSHIPS & AWARDS CYNTHIA L. MARASIGAN  LIVERPOOL, NY	NONE	3,500.
SCHOLARSHIPS & AWARDS KYUNG DEOK ROH  ANN ARBOR, MI	NONE	3,200.
SCHOLARSHIPS & AWARDS PETER RUSSELL SIMMONS  CHICAGO, IL	NONE	3,200.
SCHOLARSHIPS & AWARDS KENNETH WEISBRODE  CAMBRIDGE, MA	NONE	3,800.
SCHOLARSHIPS & AWARDS DREW GILPIN FAUST  CAMBRIDGE, MA	NONE	1,000.
SCHOLARSHIPS & AWARDS MATTEO LODEVOLE  CHURCHILL COLLEGE, CAMBRIDGE, ENGLAND	NONE	700.

SCHOLARSHIPS & AWARDS  
MISCELLANEOUS SCHOLARSHIPS

NONE

8,750.

VARIOUS

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

31,700.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 10  
PART III

EXPLANATION

RESERVE THE LEGACY OF GEORGE C. MARSHALL & PROMOTE THE VALUES OF  
DISCIPLINED SELFLESS SERVICE, HARD WORK, INTEGRITY, DEVOTION TO DUTY, AND  
COMPASSION.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 11

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
GOV'T OF CANADA	FMV				
15,000 BOND 5.25%				13,643.	13,643.
CORPORATE BONDS	FMV		76,500.		76,500.
CORPORATE STOCKS	FMV	108,758.			108,758.
CASH EQUIVALENTS	FMV			126,401.	126,401.
TO FORM 990, LINE 54A, COL B		108,758.	76,500.	140,044.	325,302.

FORM 990 GOVERNMENT SECURITIES STATEMENT 12

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOV'T BONDS	FMV		26,337.	26,337.
TOTAL TO FORM 990, LINE 54A, COL B			26,337.	26,337.

FORM 990	OTHER LIABILITIES	STATEMENT 13
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DESCRIPTION	AMOUNT
ANNUITIES PAYABLE	25,541.
AGENCY FUNDS PAYABLE	0.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	25,541.

FORM 990	OTHER SECURITIES	STATEMENT 14
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
CASH EQUIVALENTS-POOLED INVESTMENTS	FMV	175,271.
EQUITIES-POOLED INVESTMENTS	FMV	7,172,570.
FIXED INCOME-POOLED INVESTMENTS	FMV	1,139,726.
TO FORM 990, LINE 54B, COL B		8,487,567.

FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 15  
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WESLEY B. TAYLOR, JR. 203 JACKSON AVE LEXINGTON, VA 24450	PRESIDENT AND CEO 40.00	192,541.	7,500.	21,761.
NATALIE GARVIS 101 JOHNSTONE STREET LEXINGTON, VA 24450	EXEC. DIR. OF ADMIN. 40.00	61,408.	5,040.	0.
DAVID M. ABSHIRE VMI PARADE LEXINGTON, VA 24450	TRUSTEE 0.00	0.	0.	0.
JOHN B. ADAMS, JR. VMI PARADE LEXINGTON, VA 24450	TRUSTEE 0.00	0.	0.	0.
RICHARD ARMITAGE VMI PARADE LEXINGTON, VA 24450	TRUSTEE 0.00	0.	0.	0.
ANN L. BROWNSON VMI PARADE LEXINGTON, VA 24450	TRUSTEE 0.00	0.	0.	0.
J. STEWART BRYAN VMI PARADE LEXINGTON, VA 24450	TRUSTEE 0.00	0.	0.	0.
THOMAS P. CARNEY VMI PARADE LEXINGTON, VA 24450	TRUSTEE 0.00	0.	0.	0.
ROBERT B. CHARLES VMI PARADE LEXINGTON, VA 24450	TRUSTEE 0.00	0.	0.	0.
H. WILLIAM DEWEESE VMI PARADE LEXINGTON, VA 24450	TRUSTEE 0.00	0.	0.	0.
CHARLES W. DYKE VMI PARADE LEXINGTON, VA 24450	TRUSTEE 0.00	0.	0.	0.

ROBERT J. FITCH	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
P. WESLEY FOSTER, JR.	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
EVA S. TEIG HARDY	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
THOMAS H. HENRIKSEN	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
FRANK W. JENKINS	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
JOHN P. JUMPER	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
JOHN M. KEANE	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
JOHN W. KNAPP	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
ROBERT H. LAMB	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
JACK N. MERRITT	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
EDWARD C. MEYER	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
G. GILMER MINOR, III	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
L.F. PAYNE, JR.	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				

J.H. BINFORD, PEAY, III	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
THOMAS R. PICKERING	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
JACK RUDIN	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
KENNETH P. RUSCIO	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
RICHARD F. TIMMONS	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
OLIN L. WETHINGTON	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
SAMUEL B. WITT	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
JOHN A. WOLF	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				
CLIFFORD MILLER YONCE	TRUSTEE			
VMI PARADE	0.00	0.	0.	0.
LEXINGTON, VA 24450				

TOTALS INCLUDED ON FORM 990, PART V-A

253,949. 12,540. 21,761.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 16  
PART III, LINE 3A

SELECTION OF ELIGIBLE RECIPIENTS OF UNDERGRADUATE SCHOLARSHIPS IS MADE BY THE FACULTY OF AREA COLLEGES. BARUCH FELLOWSHIPS ARE AWARDED BASED ON APPLICATIONS THAT ARE REVIEWED BY A THREE MEMBER COMMITTEE OF ACADEMIC SCHOLARS AND WRITERS.

SCHEDULE A	OTHER INCOME			STATEMENT 17
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
MISCELLANEOUS	29,583.	48,576.	3,266.	3,306.
DISPOSAL OF ASSETS	0.	0.	0.	16,035.
TOTAL TO SCHEDULE A, LINE 22	29,583.	48,576.	3,266.	19,341.

Form **4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

**2006**Attachment  
Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

GEORGE C MARSHALL RESEARCH FOUNDATION

FORM 990 PAGE 2

54-6052427

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	72,485.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	72,485.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

616251  
10-17-06 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2006)

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use **25**

**26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

		%			S/L -		
		%			S/L -		
		%			S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2006 tax year:


**43** Amortization of costs that began before your 2006 tax year **43**

**44** Total. Add amounts in column (f). See the instructions for where to report **44**

**George C. Marshall Research Foundation**  
**54-6052427**  
**Schedule of Land, Buildings, and Equipment**  
**2006**

**Land, Buildings, and Equipment**

Details of land, buildings, and equipment are as follows:

	<u>Estimated Useful Life</u>	<u>2006</u>	<u>2005</u>
Land and buildings	10-50 years	1,284,311	1,244,038
Furniture and equipment	5-15 years	<u>791,964</u>	<u>766,640</u>
		2,076,275	2,010,678
Less accumulated depreciation		<u>(1,302,684)</u>	<u>(1,234,721)</u>
		<u>\$ 773,591</u>	<u>\$ 775,957</u>

70070220 0000 2044 887

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization  <b>GEORGE C MARSHALL FOUNDATION</b>	Employer identification number  <b>54-6052427</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 1600</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LEXINGTON, VA 24450</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **CRISSY ELLIOT**

Telephone No. ▶ **(800) 444-1839**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year **2006** or
- ▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev 12-2006)